BEYOND A CHECKLIST

GUIDING THE ROAD FORWARD FOR QUEENSLAND'S RESIDENTIAL CARE SYSTEM

DECEMBER 2023

PeakCare Queensland Inc.

Supported by SVA SOCIAL VANTAGE ADVISORY

CONTENTS

MESSAGE FROM THE CEO

In June 2023, PeakCare wrote to the Minister for Child Safety and Minister for Seniors and Disability Services on behalf of the Queensland child and family sector to invite the Government to partner with the sector to address the growing concerns relating to non-family-based (residential) care.

We outlined that while some efforts were underway to reduce the government's over-reliance on the use of residential care in Queensland, the number of young people in residential care was continuing to grow, and this coupled with increasing costs of service delivery was placing significant strain on the sector and presented a real risk to the ongoing viability and sustainability of this model of care.

We highlighted there was no clear roadmap for reducing Queensland's use of residential care, including through investment in alternative models, and the non-government sector stood ready to work in genuine partnership with Government to help shape the future of our child protection system.

This invitation was accepted, and we are now in the final stages of a wide-ranging review which will culminate in the development of a roadmap to guide the future of Queensland's residential care system.

PeakCare acknowledges and thanks every person who shared their voice through the review process. We felt privileged to travel across Queensland and hear directly from frontline workers, service organisation, carers, parents, and young people and heartened by the generosity and willingness of so many organisations and individuals in sharing their voice and putting forward solutions which will improve the child protection system and outcomes for Queensland's children and families.

We have developed the Beyond a Checklist: Guiding the way forward for Queensland's Residential Care System report which consolidates and amplifies these voices and the shared expertise of the child and family sector to highlight key opportunities for consideration in the Government's roadmap for residential care. We offer this report to government in the continuing spirit of partnership and hope that the upcoming roadmap will set us on an ambitious new journey of change rather than direct us to a familiar ring road which ultimately brings us right back to where we started.

PeakCare is hopeful this roadmap will set us on a new and aspirational path which will see relationships, connection, consistency, trust and respect placed back at the centre of our non-family-based care system. A shared path which brings together disconnected service systems, and a path to creating a better system for the thousands of dedicated workers, carers and service providers who are essential in giving back hope and opportunity to the Queensland children and families who need it most.

Sincerely,

Tom Allsop
Chief Executive Officer
PeakCare Queensland Incorporated

INTRODUCTION

About PeakCare

PeakCare is a not-for-profit peak body for child and family services in Queensland, providing an independent and impartial voice representing and promoting matters of interest to the non-government sector.

Across Queensland, PeakCare has more than 50 members which include a mix of small, medium and large, local and statewide, mainstream and community controlled Aboriginal and Torres Strait Islander non-government organisations that provide prevention and early intervention, generic, targeted and intensive family support to children, young people, adults and families. Member organisations also provide child protection services, foster and kinship care and residential care services for children and young people and their families who are at risk of entry to, or who are in the statutory child protection system.

An extensive network of supporters made up of individuals and other organisations with an interest in children protection and related services and who are supportive of PeakCare's policy platform around the safety, wellbeing and connection of children and young people, also subscribe to PeakCare.

At PeakCare our primary concern is child protection and related services, and as such we have a significant interest in reforms relating to the provision of care to children and young people in accordance with the *Child Protection Act 1999* (the Act).

One of the key questions we have debated since the Queensland Government announced its review into the Residential Care System, is whether the Queensland residential care system, as it has evolved in response to changing funding models and service delivery requirement of successive governments, remains a viable placement option for children and young people. We are of the view that we need a **continuum of home like care environments which can adapt to a young person's needs, including specialist therapeutic care** as required.

"Just because it is a safe place, doesn't mean it is the right place. We need more options, more capacity and more time"

This report has been informed by sector engagement, with PeakCare having spoken to more than 500 stakeholders across Queensland. We have **visited residential care homes, spoken to young people, parents, carers and workers** across the child and family sector. We have **listened, challenged, provoked and deeply respected the voices of those with cultural authority and lived experience**, who have **shared stories of the best and worst outcomes of the child protection system.**

Between August and September 2023, regional forums and residential care home visits occurred as part of the consultation process. We attended all 16 forums across the North, South East, and West of Queensland, including Cairns, Brisbane, Rockhampton, Maroochydore, Gatton, Townsville and Mount Isa. We also undertook several residential care home visits across the regions. Many PeakCare member organisations provided feedback through the forums and care home visits but have also been provided the opportunity to contact PeakCare directly.

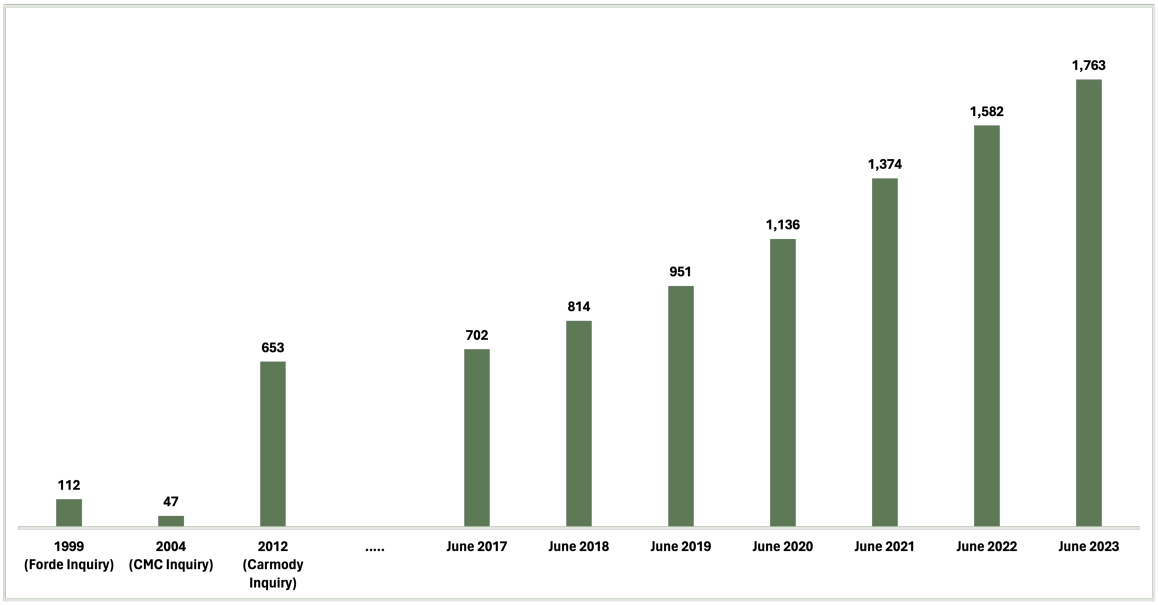
We are a representative on the Project Executive Group for the review, alongside the Queensland Family and Child Commission (QFCC) and the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP).

On the 28 September 2023, we participated in the Minister's Roundtable. *(See page 12 for the Placemat provided by PeakCare to the Roundtable to support discussion).*

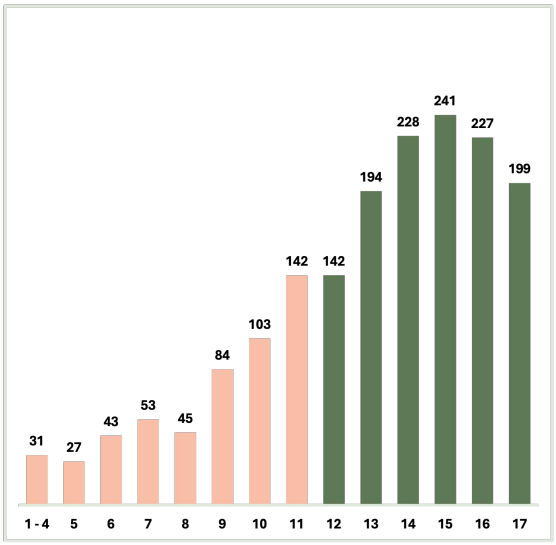
We see this report as an opportunity to consolidate and amplify the views of our members on areas of consideration for the Department as it looks to considers out-of-home care approaches for the future.

BACKGROUND

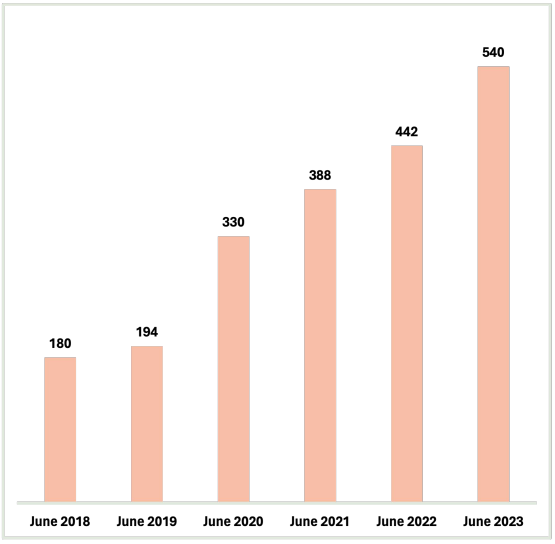
There has been an increase in children and young people being placed in residential care, with factors such as adolescence, large sibling groups, substance misuse, disability, mental health, placement breakdowns and high-risk behaviour, driving the use of residential care placements.



CHILDREN PLACED IN RESIDENTIAL CARE BY YEAR: This figure shows the change in the number of children placed in residential care settings over time compared to the number of children placed in residential-like care settings at key points in Queensland's child protection history.



CHILDREN IN RESIDENTIAL CARE BY AGE (AS AT 31 MARCH 2023)



CHILDREN IN RESIDENTIAL CARE UNDER 12 YEARS OF AGE BY YEAR (AS AT 30 JUNE 2023)

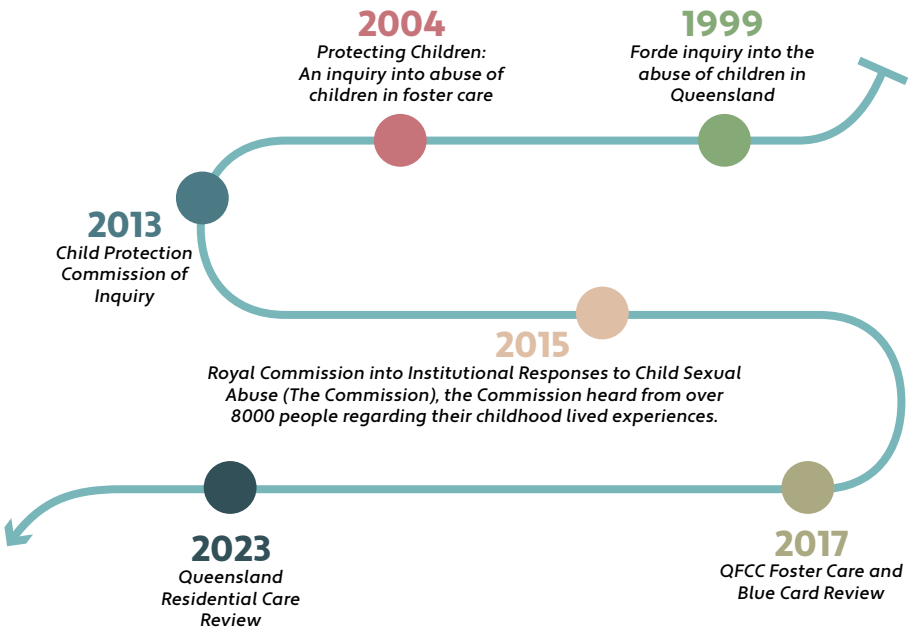
In July 2023, the Honourable Craig Crawford MP, Minister for Child Safety and Minister for Seniors and Disability Services announced the "Queensland Residential Care Review" following concerns raised about the growing number of children and young people in care living in residential care arrangements and whether these care arrangements are meeting the needs of these children and young people.

This announcement follows significant reform currently being undertaken by the Department which hopes to **address future care options for children and young people**, including:

- Increasing the proportion of children and young people cared for by kin by 70% by 2026;
- Reducing the proportion of children and young people in residential care to 7% by 2027; and
- Transitioning investment to Aboriginal and Torres Strait Islander Community Controlled Organisations within 10 years.

Residential care has been a key policy and priority area for Government and for those working within the child and family sector for a number of decades.

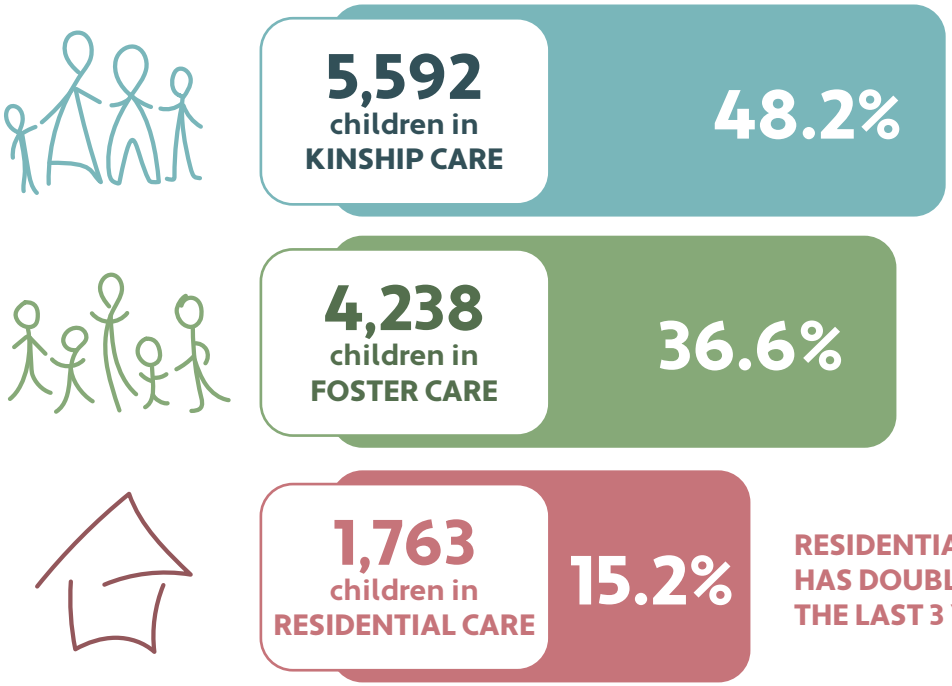
There has been, and continues to be, an investment into building practice approaches and an evidence base that better meets the safety and wellbeing needs for children and young people in residential care.



What does the data tell us?

As at March 2023, there are approximately 116 organisations providing residential care services in Queensland, an increase from 105 organisations in 2013. However, there continues to be an upward trend in children and young people being placed in residential care with the increase in demand not being commensurate with the number of residential care service providers and in-home placement options.

The numbers of children in residential care are now 1,763 (as at June 2023), a continued increase since the early 2000's.



In 2013, the Child Protection Commission of Inquiry (the COI), highlighted that one of the legacies of the 1999 Forde Inquiry Into The Abuse Of Children In Queensland Institutions was the recommended closure of residential institutions. It was reported the number of children and young people in institutions at this time was 112. This number reduced to 43 children and young people in 2003, increasing to 47 at the time of the Crime And Misconduct Commission Of Inquiry Into Abuse Of Children In Foster Care in 2004 (CMC Inquiry).

Following the CMC Inquiry, the report concluded that the existing range of placement options in Queensland was inadequate for children with complex and extreme needs, and recommended that funding for therapeutic placement and support services be increased.

Given the pressure on the foster care system, residential care as a placement option, was reintroduced, resulting in an increase in the number of children and young people in residential care to 653 by 2012. It should be noted that at this time, Queensland had the highest number of children and young people in residential care, and this equated to 8.2 per cent of the out-of-home care population.

Over the last decade, this number has more than doubled, and the demand for residential care services continues to grow, with the current estimate being 15.2 per cent of children in out-of-home care are currently in residential care accommodation.

Contemporary Model of Residential Care for Children and Young People in Care

Between 2009 – 2010, the Department, in partnership with PeakCare, led a series of consultations with non-government and government residential care sector representatives and other key stakeholders to inform the development of a **Contemporary Model of Residential Care for Children and Young People in Care.**

At the time of development, it was acknowledged there was evidence that for children and young people in care who have painful histories of trauma and attachment disruption, **residential care can play a significant part in providing a caring and healing pathway that can make a lasting difference.**

The report noted a "key feature of the residential care system in Australia over the past decade was the pervasive assumption that residential care should only be used as a last resort as it imposes a more restrictive and less normalised care environment on young people".

The aim of the model was to provide a broad overarching framework and not to be so detailed and prescriptive that it does not allow agencies to provide innovative and responsive forms of residential care. It required each agency to develop its own framework for practice, embedding coherent principles and models of care, congruent with their agency vision and culture, while reflecting the overarching state-wide model of care.

The model was designed to define the essential elements of residential care and develop clear frameworks to guide practice.

Informed by the consultation and a review of literature, the model was developed which was **underpinned by a series of core elements**, which if used to form the foundation of a care model, would make a significant difference to the quality of lives for children and young people in residential care. Those elements include:

- *A clear child-focused system with a focus on creating nurturing and healing care for traumatised young people, responsive to assessed needs of children and young people.*
- *Ensuring participation of young people in shaping their care and futures.*
- *Comprehensive assessment and clear transition planning, informing placements and interventions.*
- *Prioritising of family connection, engagement and healing, and sustained meaningful relationships.*
- *Participation by young people in normal ways, in their communities.*
- *Skilled, trained and supported care staff including supervision and sound agency governance.*
- *Support for kinship, cultural and community connections and placements.*
- *Access to required therapeutic support for all children and young people.*
- *Education considered for each young person to ensure adequate levels of literacy and numeracy. Support extending post care lives of young people.*
- *Improved relationships across the sector, including mechanisms to enhance understanding and coordination.*
- *An evaluation framework to support the development of understanding of how best to make a difference for young people moving through residential care.*

The model concluded by saying the capacity for residential care to provide healing, nurturing and stability for traumatised children and young people needs to be recognised. Residential care services need to be seen as part of a responsive system of care and utilised when appropriate for a child or young person.

Tim Carmody QC, in the COI final report noted the existence of the framework but quoted the (then) Children's Commission in their submission saying the "model does not specify in concrete terms what trauma and attachment responsive care constitutes or what such care definitively precludes" ... it is not reflected in any minimum service standards or service design specifications.

Following the release of the COI Final Report, the model has not been embedded in child protection policy or practice guidelines (noting that there is a reference to the model in the Child Safety Practice Manual practice kits). Additionally, there is a clear disconnect between the theory behind the model of care and the operationalisation of model, for both internal staff and service providers.

Child Safety Policy and Practice Guidance

The Child Safety Practice Manual (CSPM) provides comprehensive guidance to child safety staff regarding the legislative provisions for placing a child into care, the types of care arrangements, information to inform and support the placement, and how to assess the levels of support needs for children and young people to inform case planning and to help support placement matching.

The CSPM provides descriptions of the various licenced care arrangements including family-based care and non-family-based care. It states that residential care is provided by rostered staff with a target group of children and young people 12 – 17 years who have been assessed as having high, moderate, complex or extreme levels of support needs. Under the Residential Care Policy, sibling groups with children under 12 years can also be placed in residential care. Additionally, time limited therapeutic residential care is available for children and young people aged 12 – 15 years who have been assessed as having complex to extreme levels of support needs, require an intensive level of therapeutic support, and cannot be placed in other care arrangements.

The assessment of the level of support needs is not a new practice for child safety staff, with support levels being unchanged in over a decade, as has the placement options remained the same.

It should be noted the current policy advises that any young person aged 12 – 17 years (as all levels of support needs is in scope) is eligible for a placement in a residential care facility if it is assessed that this arrangement is most appropriate.

In 2015, the Department released a practice guide for complex/extreme support needs and care arrangements matching. The guide provides practical examples of what to consider when placing a young person in residential care, however it does highlight positive and negative reasons for placement, which may be confusing to new staff.

The CSPM provides significant detail regarding care options, placement matching and practice guidance, however there is inconsistent advice provided across the various resources and is not aligning with the current practice being applied.

Additionally, the legislation, policy and practice allow staff to consider the use of an unlicenced care arrangement when it is not possible to place the child in any existing care arrangements. An unlicenced care arrangement is for service providers who do not currently hold an organisational level licence under the *Child Protection Act 1999* or the proposed residence for the child is not included in their licence. At the time of introducing this into legislation, this was considered for use in exceptional circumstances, however, there appears to be an increase in the use of unlicenced providers. We currently have 48 licensed organisations providing a total of 1393 placements. As at 31 March 2023, we had 68 unlicensed organisations providing a total of 328 placements.

Hope and Healing

The Hope and Healing Framework was originally developed in 2015 following a recommendation from the COI that the Department "partner with non-government service providers to develop and adopt a trauma-based therapeutic framework for residential care facilities, supported by joint training programs and professional development initiatives".

The model was developed in 2015 (and updated in 2019) and sets the foundation for caring and working with young people living in residential care in a way that understands and responds to trauma and is therapeutic in approach. The model recognises that while not all children in care require specialist therapeutic care, all have experienced trauma. It defines the concept of trauma as "inclusive of disrupted attachment, complicated grief and loss, and other deleterious developmental impacts".

As of October 2023, 18,378 learners have completed the Hope and Healing training for residential care. All participants of the online training receive certificates and reports of completion are provided to the auspicing organisation.

The strength of the model is that it stresses the need for trauma-informed and therapeutic approach to providing care in all settings.

The Hope and Healing Framework and training has since been adapted for Foster Care. In 2022, as a response to the positive reception and with the support of the Department, the framework was adapted for use in Foster Care arrangements as Hope and Healing Framework - Queensland's trauma-informed framework to support foster carers in their caring work with children, young people and their families. Hope and Healing for Foster Care training was subsequently launched with more than 1303 foster carers completing the online course by October 2023.

Minimum qualifications

In January 2019, the Minimum Qualification Standards for all residential care staff and their direct supervisors was introduced in Queensland. Updated in 2021, the standards require that all residential care staff and their direct supervisors employed by licensed residential care services must:

- Hold or be enrolled in and working towards a recognised relevant qualification. Staff may be enrolled as part of their recruitment process with the residential care service provider but must be enrolled prior to commencing any unsupervised direct care work with children and young people.
- For those staff currently enrolled, obtain the qualification within the timeframes determined by the relevant training authority; and
- Complete the online Hope and Healing Foundational Training prior to commencing unsupervised direct care work with children and young people.

It is noted that the preferred qualification is a Certificate IV in Child, Youth and Family Intervention (Residential Care). It is also noted that this requirement is for licenced care services only.

OBSERVATION:

Work has been occurring for a number of decades to improve the quality of care provided to children and young people in residential care.

QUESTIONS TO CONSIDER:

- **Can the above policy, practice guidelines and initiatives be strengthened and/or improved to better meet the needs of children, young people, families and services providers?**
- **How can all the work and learnings over the last decade inform the future of residential care?**

OPPORTUNITY:

Undertake a comprehensive review of the non-family-based care workforce to determine:

- **what work and recommendations have already been implemented?**
- **what has not been implemented, and why?**
- **are current practice guidelines and approaches still contemporary?**
- **what is needed to ensure a high quality and sustainable workforce into the future?**

Therapeutic Care

Therapeutic and Trauma-Informed Care versus Specialist Therapeutic Care

Significant research has occurred, both at the national and international level, regarding effective models of out-of-home care for children and young people, particularly in residential care settings. Consequently, there has been a growing shift to move beyond a traditional residential model of daily care and accommodation, towards a needs-based therapeutic environment that addresses the challenges posed by children and young people's complex trauma and developmental needs.

"Every residential care service should be therapeutic by default"

This approach is now widely accepted as therapeutic residential care. According to the National Therapeutic Residential Care Working Group (2011), therapeutic residential care is *"intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment, and developmental needs"*. Queensland's current approach to the provision of therapeutic residential care aligns with the national definition and is available primarily to young people aged 12-15 years. However, the operationalisation of therapeutic residential care by service providers can vary considerably in the ways in which care and services are defined, developed and delivered.

Therapeutic residential care aims to facilitate healing of interpersonal trauma; however, it may do so largely without the intensive input of a multidisciplinary professional team such as exists in residential treatment care facilities or specialist care services. Therapeutic residential care models adopt a child centric, trauma-informed and sensitive approach. Delivery of these models generally focus on establishing meaningful relationships and creating a safe and inclusive environment as this is viewed as fundamental in reparative work and getting the best outcomes for children and young people. Whilst therapeutic residential care models are more expensive than traditional or general residential care, through better meeting the needs of young people, benefits are gained in reducing demand for crisis services and intensive intervention such as youth justice, police, courts and secure care facilities.

There is growing consensus within the child and family sector that to achieve better system outcomes and the outcomes for children and young people in residential care settings, all residential care environments should be therapeutic. Meaning, they are delivered in a manner that is child centric, trauma-informed, and relationship based. However, it is acknowledged that some children and young people will require a higher or more intensive level of support and intervention.

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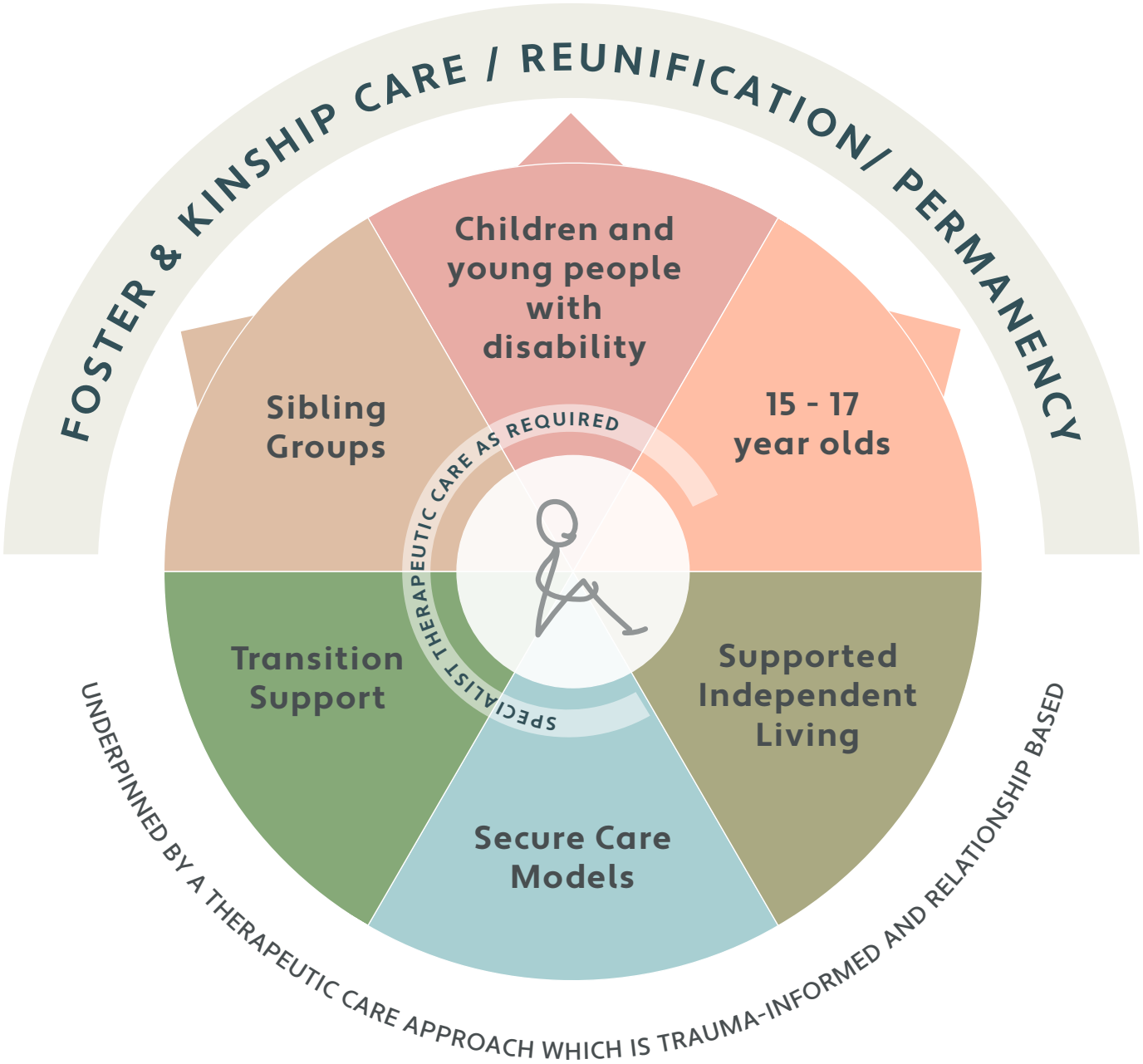


To address this need, some service providers and other jurisdictions, are providing more specialist care where therapeutic specialists are attached to care environments. This can involve either direct service delivery or in a staff/organisational support role, including therapeutic specialists developing and supporting in the delivery of individual treatment plans, and/or supporting professional development and capability to enable more responsive and effective practice and interventions. Emerging research suggests that this approach to care provision can have a number of safety and wellbeing benefits, including greater placement stability, improvement in quality of relationships, increased connections, improvement in sense of self, increased healthy lifestyles/reduced risk taking, enhanced mental, and emotional and physical health.

OBSERVATION:

Delivering therapeutic care through a trauma-informed and relationship-based approach is more likely to produce better outcomes for children and young people in residential care, the child protection system and the broader community. There is increasing sector buy-in to deliver a therapeutic-type model of care across all residential care settings. Additionally, the mandated Hope and Healing framework sets trauma-informed and therapeutic approaches as the foundation for all care provision. However, service provision varies considerably, and the current Departmental categorisation of general residential care and therapeutic care may not effectively align to the contemporary evidence base.

QUESTIONS TO CONSIDER:

- What is an agreed definition of therapeutic care?
- Is the current departmental categorisation of therapeutic care enough for children and young people or should there be a greater differentiation and investment in specialist care?
- How can service delivery be more consistent and responsive to the safety and wellbeing needs of children and young people in residential care settings?
- Would a time limited specialist care approach better support in stabilising and meeting the needs of children and young people with complex to extreme support needs?

OPPORTUNITIES:

- Undertake a jurisdictional review and stakeholder engagement to support in:
    - confirming an agreed definition of therapeutic residential care
    - establishing a baseline for therapeutic care service provision
    - determining the need and feasibility of implementing a specialist care model and the most effective approaches (e.g. specialist care support for the workforce or direct intervention)?

Therapeutic Care

Additional areas focus

In considering a trauma-informed, therapeutic model of care, there are additional areas which require dedicated focus, such as the introduction of a secure care model, support for children and young people with disability and most appropriate placement options for sibling groups.

Secure Care

The proposed introduction of Secure Care as recommended by COI (and accepted in principle by government) created a lot of discussion and debate following the report's release. To date, a secure model of care does not operate in Queensland.

The COI investigated the option, defined as a placement option, delivered through purpose-built facilities that provide for the containment of children and young people. These models are designed to restrain and protect children in circumstances where they pose an immediate and serious risk to themselves or another person.

Secure care facilities currently operate in other Australian and International jurisdictions. They provide intensive therapy, case management and support in response to a child's identified needs for a specified period ranging initially from three days to six months.

The Commission found that the introduction of a therapeutic secure care placement option for Queensland would provide the following benefits:

- It would provide an alternative form of care for children and young people whose behaviour can be dangerous to themselves or others. Where these young people are placed in existing residential care facilities, they may jeopardise the safety and wellbeing of other residents. Providing a different option for these young people may therefore protect those in residential care facilities.

- Secure care has the potential to provide direct and intense therapeutic services tailored to the particular needs of young people who are placed there.

- There could be merit in providing a young person with "circuit breaker" style intense intervention to enable behaviours to settle, as part of a longer-term plan for management of the young person.

The Commission did emphasise however that the model would need to be accompanied by strong safeguards to ensure that a child is only placed in secure care as a last resort, where the safety of the child or another is at risk, and where other responses, such as mental health or other services, have been tried and failed.

OBSERVATION:

These models have successfully been implemented as a child protection therapeutic response. There is a misconception that these models of care are punitive in nature and are a diversionary youth justice response. There are multiple service providers offering this intervention which could provide insights into a model of care for Queensland children and young people.

QUESTIONS TO CONSIDER:

- What was the barriers of introducing a secure care model post 2013?
- Would a secure care model be effective and appropriate in the Queensland context?

OPPORTUNITIES:

- Undertake a jurisdictional review and stakeholder engagement to:
    - understand how these models operate in other areas
    - establishing a baseline for service provision
    - determining the need and feasibility of implementing a secure care model and the most effective approaches.

WESTERN AUSTRALIA SECURE CARE

The Kath French Secure Care Centre provides a therapeutic care service, providing planned, short-term intensive intervention intended for YP aged 12 – 17 years who meet the criteria. In extenuating services, younger children may be admitted. The Act allows for the Department to arrange for the placement of a child once they are satisfied that:

- *There is an immediate and substantial risk of the child causing significant harm to him or her or another person AND*
- *There is no other suitable way to manage that risk and to ensure that the child receives the care he or she needs.*

It should be noted that admission is a measure of last resort and a therapeutic intervention, and can only occur in one of two ways:

- *An administrative secure care arrangement made by the CEO*
- *An interim order (secure care) made by the Court*

The factors and circumstances that may contribute to a child meeting the criteria (however children usually exhibit more than one of these behaviours) include:

- *Engaging in serious self-harm and/or suicidal behaviour that has been assessed by a mental health professional as behavioural rather than underpinned by mental health issue*
- *Displaying a highly concerning lack of mental health stability and safety outside of the expected norms for chronological age that are not able to be addressed by mental health services*
- *Engaging in dangerous excessive use of drugs and alcohol impacting on their health and wellbeing and creating significant vulnerability, where the child has not engaged with appropriate services and there is no opportunity to do so*
- *Engaging in high risk-taking behaviour either directly or indirectly, such as stealing cars and driving at speed, placing themselves and/or other members of the community at significant risk*
- *Leaving their care arrangement regularly and staying in unsafe locations. This could include associating with known unsafe persons such as convicted sex offenders and violent offenders or others who participate in criminal activity, and/or*
- *Exhibiting significantly harmful sexual behaviours that require immediate intervention.*

The period a child is to spend in the secure care arrangement must be decided as soon as practical after the secure care arrangement is made. It should be for the time considered necessary to stabilise the child and must be within 21 days. The CEO may extend for a further period not exceeding 21 days if there are exceptional reasons for doing so. This period cannot be extended more than once.

Children and young people with disability

More than 36 per cent of children in residential care have an identified disability with anecdotal information suggesting this number is significantly higher for those with undiagnosed disability. To effectively meet the care, safety and wellbeing needs of children and young people with disabilities, the intersectionality of child protection and disability responses and interventions between the Department and NDIS needs to be carefully considered and improved.

"It is unfair that a child in regional Queensland might have to wait 12 months for a disability assessment and then sit on a waitlist for two years before they receive the support they need"

Currently Child Safety care responsibilities for children and young people with disabilities includes placement arrangement, accommodation and support, facilitation of short breaks to support caring arrangements, supports that all children need in OOHC, and therapeutic support related to any trauma a child and young person has experienced, unless the therapeutic support is directly related to the child's developmental delay or disability. Conversely, NDIS care responsibilities for children and young people with disability includes support specific to a child or young person's developmental delay or disability, personal care support outside school hours, where the child needs much more support than other children the same age due to their disability, skill building supports, such as learning daily life skills, communication skills and social skills, short breaks to sustain caring arrangements where the child and carers need this because of the child's developmental delay or disability, therapy and behaviour support related to a child's disability, and assistive technology.

Residential care for children and young people with disabilities is a viable placement option when accompanied by therapeutic and practical interventions addressing trauma and disability needs. However, due to how the current systems operate there is a limited ability to provide a consistent and integrated care approach that is disability and trauma-informed. Subsequently, children and young people in residential care are often disadvantaged due to:

- The ability and stability of the placement to provide longevity of support and physical modifications to the premises.
- Limited disability-informed care and therapeutic approaches.
- Qualifications of the staff providing the support – caregivers are often youth workers, not trained disability workers. Even under the current therapeutic residential care model, staff are frequently trained in trauma-informed practice not disability support.
- Confusion between staff movement from adult disability support to providing support for children and young people in residential care and the differences in restrictive practice for example.

Evidence also indicates that under current models of care, children and young people with disabilities' experience of the child protection system and OOHC differs to other children and young people. A 2022 literature review undertaken by the University of Sydney found that:

- Young people with disability transitioning from OOHC are at increased vulnerability to negative outcomes compared to young people exiting care without disability.

- Young people with disability are overrepresented in OOHC, and at higher risk of abuse and poor outcomes than both their peers without disability in OOHC and with disability in the general population.

- The issue of voluntary relinquishment is identified as specific to children with disability – research highlights that this group includes children whose parents are otherwise not known to the child protection agency and only come into contact within the context of a decision to relinquish due to their child's disability.

- Children with disability experience higher rates of placement disruptions and longer stays in care than children without disability.

- Young people with disability in OOHC have poorer outcomes, lower quality of life and more restrictive placements/practices than other young people in care and young people with disability not in care.

Additionally, in reviewing the provision of services to children and young people with disabilities in residential care settings, it was found that:

- In many instances, services are provided by unlicenced service providers, who are yet to undertake the regulated approval process.

- While some settings may have appropriate reference to disability in their organisational standards, in practice, there is a lag between asserted standards in operational guidelines and the level of staff skills and capacity to provide the specialist supports required.

- The interplay between trauma and disability for children living with disability in OOHC cannot be overstated. There is an ongoing need for increased workforce skills and training around trauma-informed care and the relationship between trauma and disability for children with disability.

Criminalisation of children with disability in OOHC has also been identified as a significant concern. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability recently commissioned a report regarding the criminalisation of children with disability in the child protection system. It found:

- Joint practice policies are often not properly understood, supported or implemented.

- That poor police and justice system understanding of impacts of disability including complex trauma on behaviour increases the risk for children and young people entering into the criminal justice system.

- Entry into residential care increases risk of criminalisation for young people with disability where there is an absence of:

    - detailed assessment
    - effective care teams
    - specialist therapeutic placement
    - routine and stability
    - enhanced matching of co-residents
    - increased staffing
    - reduced staff rotation
    - integrated disability and trauma-informed approaches
    - disability expertise.

OBSERVATION

It is acknowledged that work into improving responses to children and young people with disabilities is ongoing, with reviews undertaken and recommendations being implemented regarding the Disability Royal Commission, the NDIS, and the Commonwealth led review into voluntary out of home care.

QUESTIONS TO CONSIDER

- What are the barriers to integration across different systems and jurisdictions?
- How can we support staff and organisations to more effectively identify and respond to the intersectionality of the needs of children and young people with disabilty?

OPPORTUNITIES

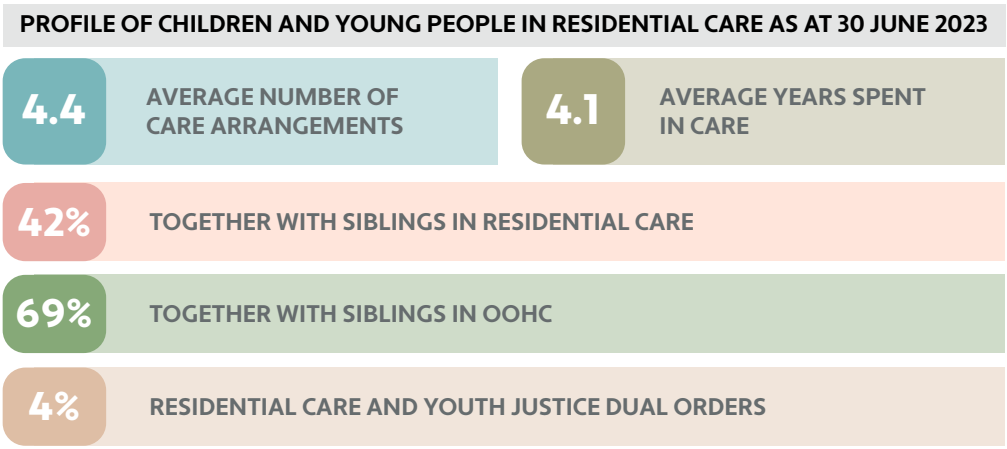
To improve the experiences and outcomes for children and young people with disabilities in residential care, with consideration needed to be given to how:

- clearer practice integration, policies and procedures across both the Department and NDIS systems can be developed and embedded.

- case management and support can more effectively identify and respond to the intersectionality of the needs of children and young people.

Siblings

It is largely recognised that the placement of sibling groups together and maintaining sibling connections improves developmental, socio-emotional, behavioural and wellbeing outcomes for children in OOHC. Additionally, it supports the experience of relational permanence and increases the stability of placements. International studies found that where siblings are placed together, they were significantly less likely to experience placement breakdown.



Despite the benefits of sibling placements, research has identified high levels of sibling estrangement for children and young people in care. Lack of available sibling placements and irregular contact has raised significant concerns that children could also experience further adverse wellbeing impacts and re-traumatisation. Children and young people with disabilities and older young people (15-17 years) have been identified as the sibling cohorts most likely not to remain 'intact''. There is no data available that captures the use of residential care as a means of keeping sibling groups together. Currently in Queensland, only 42 % of children who have a sibling in care, was placed with one or more of their siblings in residential care.

The trauma, abuse, and neglect that siblings experience impacts on individual development, and may also damage their capacity to benefit from the formation of positive relationships with adults and healthy sibling connections. It is widely accepted that complex trauma significantly impacts on a child's physiology, emotions, impulse control, self-image, and ability to develop and maintain positive relationships. This can result in dysfunctional and harmful relationships between siblings and is likely to exacerbate unresolved trauma and jeopardise the ability to safety place sibling groups together. Subsequently, this may limit children experiencing the positive outcomes associated with maintaining sibling group connections and placements.

To counteract this and improve outcomes for children and young people, a trauma-informed approach is essential in placement and reparative work. Where harmful or problematic relationships exists within sibling groups, therapeutic placement support may be required to effectively enable healthy connections, interactions and relationships between siblings and the broader family.

OBSERVATION

Keeping sibling groups together is important except where there are harmful or problematic relationships existing within the sibling group. The continues to be challenges placing large sibling groups together, and sourcing appropriate placement alternatives is required.

QUESTIONS TO CONSIDER

- How do you maintain healthy sibling connections, particularly when siblings are unable to be placed together?
- How do you better undertake demand modelling to predict care and placement needs for large sibling groups?

OPPORTUNITIES

- Review how demand mapping is undertaken to determine if the methods are still contemporary.
- Better practice guidance on trauma-informed placement matching and support for sibling groups.

Consultations

In June 2023 PeakCare co-hosted a workshop with the Queensland Chapter of the National Therapeutic Residential Care Alliance. A number of strategic and operational issues were raised by members which informed the basis of this report *(see Appendix B)*.

In addition, PeakCare attended all 16 forums and several residential care site visits hosted by the Department. Member organisations were also afforded the opportunity to provide direct feedback to the Department. Central to the consultation process, was that the needs of children and young people were prioritised and at the centre of focus. Additionally, it has been **important for sector representatives, children and young people, carers and their families to feel that their voices have been heard and valued**, with discussions taking a transformative lens focused on future opportunities that **enable better outcomes for children and young people in residential care.**

Throughout the consultation period, we heard concerns regarding the increased use of residential care settings, however it was consistently identified that residential care is an essential element to the care needs of children and young people. A move-away-from-residential-care-at-all-costs mentality is viewed as not being in the best interests of children and young people in Queensland. **A shift towards providing home-like care environments that are adaptive to children and young peoples' needs has been identified as fundamental in improving the experience of residential care and improving safety and wellbeing outcomes.**

While residential care is viewed as a viable placement option, feedback has identified concerns relating to workforce, organisations and system-based issues. These issues are reported to be significantly impacting the quality of care that children and young people receive while in residential settings .

VOICES OF CHILDREN AND YOUNG PEOPLE

PeakCare was invited to attend a forum sponsored by the Queensland Family and Child Commission (QFCC), to hear from young people with lived experience of residential care. This forum provided a space for young people to share their ideas on the improvements required to the residential care system and to engage in a solutions-mapping discussion.

The 11 participants of the forum shared reasonable, practical, tangible and achievable ideas and solutions. These young participants shared that they do not want services, they want relationships, connection, consistency, trust, respect and love. While many of the stories were those of anger, pain and heartbreak, these centred on relationship, and their experiences when relationship was kept at the centre by youth workers and others who took the time, created the space, and genuinely listened to and cared for them.

Workforce and organisational issues

Key challenges included:

- There is a limited number of suitably qualified workers. The workforce for residential care is not expanding with competing demands for the same workforce across Aged Care and the Disability Services sectors. Organisational impacts as a result of this includes increased recruitment and training costs, reduction in capacity to support additional children and young people and increased operational costs relating to penalty rates.
- There is a need for greater professionalisation and support for the residential care sector. Residential care worker training, skillset and professional development is viewed as inadequate and negatively impacting on the capability of workers to provide high quality levels of care.
- More specialised training and support is needed, particularly in the disability context, in order to more effectively meet the individual needs of children and young people. More affordable and accessible training opportunities and core skill development is needed.
- The attraction of suitable staff is impacted by a dated minimum qualifications framework, discrepancy in wages and conditions, licencing requirements and lengthy onboarding timeframes.
- The retention of staff is impacted by a highly casualised workforce, wages, models of care, increasingly complexity of care arrangements, staff fatigue, vicarious trauma and the availability and consistency of hours.
- Increasing instability and retention of the workforce is impacting on continuity of care for children and young people.

System based issues

Key challenges included:

- Licensing of providers and service provision are viewed as being overregulated. There are significant barriers to be a licensed provider due to process and eligibility requirements to become and maintain being a licensed provider. Including, stringent criteria to become a licensed provider impacting eligibility, the application and renewal processes being unclear and ambiguous, increased administrative burden due to regulation requirements, and significant financial costs associated with becoming and maintaining licensing. Additionally, there is uncertainty in the sector regarding the difference of quality of care between licensed and unlicensed providers.
- Risk management, finance and workforce laws within the residential care system are viewed as working against providers making a 'home-based environment' where friends and family support young people.
- Rigidity and stringent nature of the Blue Card system creating unintended negative impacts on children and families. Particularly in relation to assessing and approving kinship placements.

System based issues *cont.*

- Adequate placement matching is not occurring due to urgency of placement needs. This impacts the appropriateness and stability of placements, with instability negatively impacting on dynamics and continuity for children and young people.
- Information sharing and care decision making authority limitations has resulted in disempowerment across the sector to advocate and achieve best outcomes for children and young people.
- There is a power imbalance between the Department and service providers which inhibits collaboration, particularly in instances of advocacy.
- Ongoing placement system pressures are exacerbated due to a resistance to consider transitional arrangements for children and young people leaving residential placements (e.g. outreaching options, leaving beds open for a period). This results in children and young people being unsupported or being returned to the referral group. This not only perpetuates placement system pressure but also creates genuine safety issues for these children and young people.
- There is limited housing stock, particularly in regional areas. This is making it difficult to source appropriate accommodation and combat neighbourhood/community fatigue.
- Long waitlists for specialist assessments and interventions are significantly impacting children and young people's access to required services and ability to be responsive to their needs. Location-based shortages for specific therapeutic and allied health services and support for children in out-of-home care and residential care were consistently identified, particularly in regional areas. Feedback indicated that children could go months or years without comprehensive assessment, leaving providers/carers without a clear understanding of how to best meet the needs of children. It has been noted that lengthy waitlists and a shortage of specialist allied health professionals has continued, resulting in delayed access to assessment and treatment for children in out-of-home care and negatively impacting the ability to access and engage with specialised treatment.
- Regional departmental practices are insular which means the approach to services is inconsistent between regions resulting in disconnected and fractured services (e.g., funding allocations, lack of service engagement, increased administration).
- Challenges in maintaining community connections in regional communities due to residential care and specialist services are based off-country or only available in east coast city centres.
- Services and support are to transition to community-controlled organisations, however there is no visibility or blueprint on how to achieve this successfully.
- Language and messaging around residential care continues to stigmatise the placement option and contributes to institutional like settings.
- Pressure on the system has resulted in ongoing reactive approaches to care provision and managing crisis. This significantly impacts on the capacity to provide therapeutic care.

Additional considerations

During the consultation process, PeakCare's members also identified a number of key areas of focus and opportunities to improve residential care. (*See Appendix A for a summary of key issues raised*).

For example, it was identified that:

- Matching is the most significant element within residential care, if you do not adequately match young people to both workers and other young people the experience for everyone will fail.
- Improvement is needed to effectively capture and embed the voices of children and young people and engage them in discussions/decisions that impact their lives.
- All children and young people should be placed in environments that have a home like feel. Smaller homes, better placement matching and genuine engagement with children and young people would better facilitate home like environments.
- The system needs to invest in enduring relationships and hope, not just risk and compliance.
- A suite of contemporary placement options is needed with flexibility and service agreements that focus on outcomes not just 'bed nights'.
- The safety of a child in their placement should be of a paramount importance. Options that enable better safety and wellbeing outcomes need to be explored. Including therapeutic residential care, specialist care and secure care.

"There is so much urgency to just find a safe place for a child ... when a system is under this much pressure, we can't always match children to the model of care that best suits their needs"

Opportunities

The review of previous government policies, recommendations, initiatives, as well as stakeholder consultation highlighted a number of additional observations (further to those identified), opportunities and questions for the Department to consider in the development of the roadmap.

Placement matching

OBSERVATIONS

Placement matching is clearly articulated within Departmental guidelines; however, they do not appear to be operationalised effectively, with urgency of placement needs negatively impacting adequate placement matching. Consequently, the appropriateness and stability of placements is affected, with instability negatively impacting on dynamics and continuity for children and young people. Additionally, there is limited consistency across Departmental and service provider mechanisms to engage children and young people in placement matching discussions. Policy, process, and practice improvement is needed to effectively capture and embed the voices of children and young people and engage them in discussions/decisions that impact their lives.

QUESTIONS TO CONSIDER

- How is the Department and service providers undertaking an assessment of needs and placement matching requirements (both in a crisis and on an ongoing basis)?
- How can the Department and sector better embed the voices of children and young people into decision-making?

OPPORTUNITIES

To enable more effective and appropriate placement matching, and support better outcomes for children and young people in residential care, the Department could facilitate:

- A review of current policies, processes and practices relating to assessment of needs and placement matching to ascertain if the current approach aligns with contemporary best practice approaches. This should include consideration to how policy and practice aligns with child safeguarding approaches and the incoming Child Safe Standards requirements in Queensland.
- Sector stakeholder engagement to explore opportunities and barriers to assessment of needs and effective placement matching.
- Engagement with children and young people (where appropriate) to understand their experiences, explore concerns and identify improvement opportunities.

Barriers to licencing

OBSERVATIONS

There is disproportionate number of unlicensed services providing residential care to children and young people. Currently in Queensland there are 116 services providing residential care, of these 68 are operating unlicensed (as at 31 March 2023). Service providers have identified multiple systemic barriers to becoming and maintaining licensing due to service provision being overregulated. Additionally, other key concerns regarding licensing include:

Barriers to becoming a licensed care provider – there is stringent criteria to become a licensed provider, resulting in many services providers being ineligible to become licensed.

Ambiguity around the licensing process - the unclear nature of the application process often results in confusion for services wanting to become a licensed provider.

Complicated application and renewal processes – the regulation requirements needed to undertake approval and re-approval processes have resulted in significant administrative burden and misunderstanding of requirements.

High costs to become and maintain licensing – the costs associated with becoming and maintaining licensing is contributing to significant financial burden on services.

QUESTIONS TO CONSIDER

- How can the Department decrease systemic barriers related to becoming licensed service providers in order to enhance the quality and consistency of care children and young people receive in residential settings?

OPPORTUNITIES

To increase the number of licensed care providers and support service to become and maintain licensing, the Department could review existing requirements, process and practices in collaboration with the sector. This should include a focus on:

- Reviewing the criteria as this is essential to encourage providers to become licensed.
- Simplifying processes involved with licensing requirements and providing support to providers to increase their knowledge and understanding as this will enable services to effectively navigate the process.
- Streamlining of processes and increased support to assist providers through the licensing process so that providers are better equipped to successfully achieve licensing.
- How financial support through contract management can better reflect increased costs and pressure related to licensing requirements.

Workforce

OBSERVATIONS

There is a need for greater professionalisation and support for the residential care sector to assist in attracting and retaining a skilled workforce that can provide consistent and high-quality care to children and young people. A greater focus on support and skill development is needed for those working with children and young people with high to complex support needs, particularly children and young people with disabilities.

In addition, a culturally appropriate and diverse workforce is also required to be able to engage sensitively and compassionately with those children and young people in residential care.

The attraction and retention of residential care workers is impacted by numerous issues, including the workforce being highly casualised, discrepancies in wages and conditions, licensing requirements, complexity of care arrangements, staff fatigue, vicarious trauma and the availability and consistency of hours. Despite the introduction of pathways and initiatives (such as minimum qualifications and Hope and Healing), residential care service provision continues to be seen as steppingstone to other roles within Human Services.

QUESTIONS TO CONSIDER

- How can the Department and the sector work collaboratively to better attract, upskill and retain staff?
- How can the perception of the residential care industry shift from being viewed as a 'steppingstone' to other roles and become recognised as a long-term professional career option?
- How can workforce quality standards and associated accountability mechanisms be strengthened and embedded consistently across the sector?
- Are there barriers to employment for First Nations staff due to the requirement for a Working with Children Check (Blue Card)?

OPPORTUNITIES

The Department could work alongside the sector to develop and implement a workforce strategy that stabilises and grows the residential care workforce and supports and equips workers to provide a high level of quality care and improve service/care continuity for children and young people. Key focus areas could include:

- workforce skill and capability development, support and supervision, and embedding clear practice frameworks – this is likely to assist in staff attraction and retention, improving job satisfaction and decreasing high levels of stress, emotional exhaustion and illness experienced by residential care workers.
- development of quality standards that enable consistent and a high level of care. These should have a focus on staff qualifications, training and ongoing learning, rostering, best practice, and continuous improvement.
- The Department to work with the Department of Justice and Attorney-General in supporting an independent review of the implementation of recommendations from the QFCC Blue Card Review in 2017, and an exploration of outstanding recommendations to determine if the remaining recommendation meet the contemporary needs of those engaged with the out-of-home care sector.

Resi ROCKS

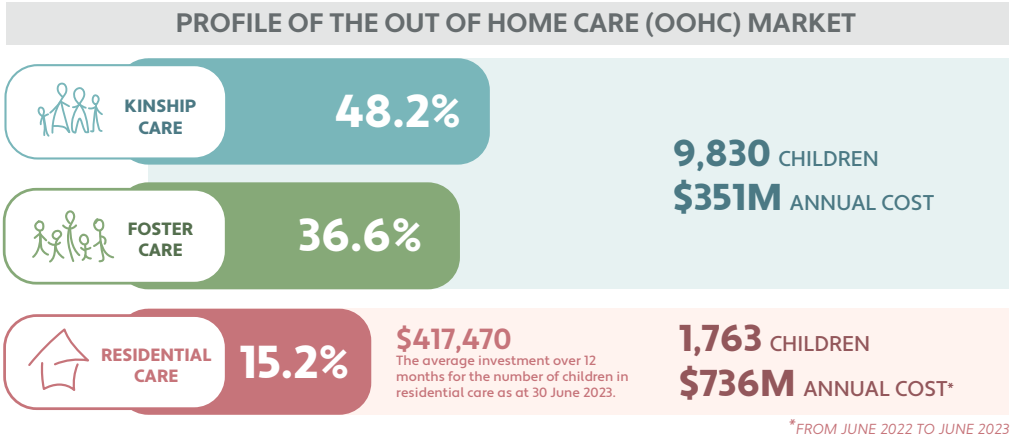
Resi ROCKS is an annual event in Victoria hosted by the Centre for Excellence in Child and Family Welfare. It brings together residential care workers from across Victoria, recognising and celebrating practice excellence and cultivates a culture of learning and innovation and the sharing of knowledge and ideas

Funding

OBSERVATIONS

Current funding per placement is below the costs of delivering the placement. With increases to Fair Work rates, CPI inflation, rents (and availability of rentals), the costs of delivering a residential service are beyond Departmental provided funding. Restrictions on funding which means funding attached to a program can currently only be used for that program. This leads to services that are in deficit against services that are in surplus. Funding is too varied and in almost all cases too low given ever-increasing costs (particularly one worker models which limit individualised support for young people to engage with family, develop living skills, etc.).

In addition, regional approval processes for IPS-related costs can create significant delays in the receipt of payments, and funding and IPS Guidelines are not keeping up with indexation and the inflexible applying of these by some regions.



QUESTIONS TO CONSIDER

- Is there an ability to share funding across service types, to allow the pressures on the financial viability of services to be somewhat released?
- How can the guidelines better reflect the service needs requirements?

OPPORTUNITIES

The Department could work with the sector in developing an understanding of the true cost of services and how these can change based on the necessary model of care for a young person.

Funding supplier guidelines and IPS guidelines are not reflective of the current market and contemporary service delivery and need to be updated to accurately reflect the costs incurred by organisations to operate in the residential sector

- Funding supplier guidelines do not accurately reflect the cost incurred by organisations to operate in the residential sector.

Aboriginal and Torres Strait Islander children and young people in care

OBSERVATIONS

Queensland has more Aboriginal and Torres Strait Islander children in residential care than any other state. Addressing the overrepresentation of First Nations children and young people in care was an ongoing concern for the sector. It was raised on every occasion that the current residential care model was not culturally considerate. The Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) undertook consultation with First Nations organisations and communities and provided a submission to the review.

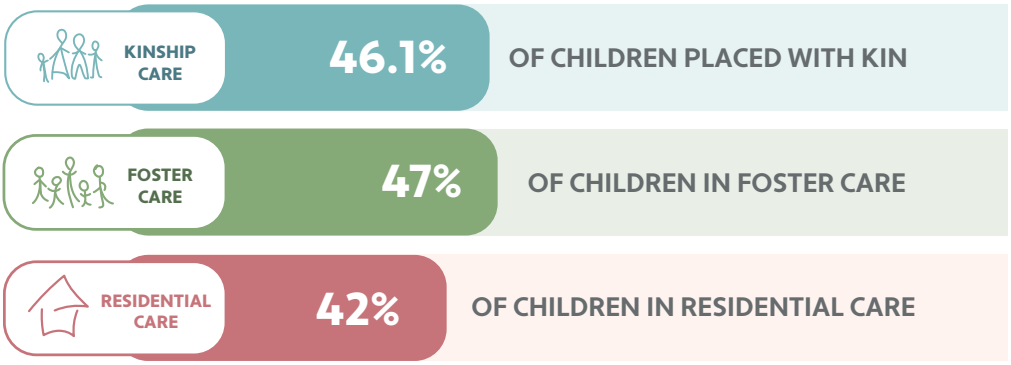
QATSICPP has clear calls to action to enable children and young people to be cared for safe and well in culture, and for communities to continue to heal.

We support additional considerations for determining appropriate care options, and embedding cultural capability, in support of Aboriginal and Torres Strait Islander children and young people. We will continue to work closely with QATSICPP and the Department in getting the best outcomes for children, young people, families and communities.

ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND YOUNG PEOPLE IN CARE

FIRST NATIONS CHILDREN MAKE UP ONLY **8%** OF QUEENSLAND CHILDREN BUT ACCOUNT FOR **46.1%** OF CHILDREN IN CARE

FIRST NATIONS CHILDREN MAKE UP



Conclusion

The decision to remove a child or young person from their family and place in out-of-home care is a significant decision, and we need a service system that can support and respond to the needs of these children and young people.

The consultation process, and the research undertaken to inform our report, stressed the importance of a care system underpinned by a trauma-informed and therapeutic approach to supporting children and young people living away from their homes. What was of paramount importance to our members, however, is the need to shift the narrative from residential care being that of "last resort " and a negative view of the care being delivered. Residential care, delivered as intended, is a viable placement option, and one that is able to result in many benefits to young people. We need to move away from a reactive placement system, to one that is proactive and dynamic and can respond to the care needs of the individual child or young person.

"We need to reframe the public narrative and dispel the myth about its (sic) association with youth justice"

We need a service system that, for every child or young person, is a home like environment, one where they have a sense of belonging and trust, regardless of the care structure provided to them. We need to understand the barriers in being able to create these environments, and codesign with children and young people what "a home" would look like.

We should also not forget that residential care is only one option of care, and whilst opportunities in this report have focussed on those that impact solely on residential care, this should not be considered in isolation of the broader systemic challenges facing the service providers in out-of-home care, such as the current funding model, alternative foster care models, lack of kinship care, quality oversight mechanisms and Blue Card approval processes.

Any reform is not the responsibility of one agency alone, and a whole of government approach is required. The Department needs the support of Education, Health and Youth Justice to continue to find holistic support options of all children in out of home care.

As the Department moves to develop the *"Roadmap for Contemporary Residential Care in Queensland"*, PeakCare urges the Department to not complete this in isolation of the broader care system. For example, through our consultations, there has been a recurring theme requesting for a review on the impacts of the lack of investment in prevention and early intervention which, in the absence of a strengthened and robust approach, we continue to see the increased demand for tertiary services; and for expanded options for family-based care, including the evidence which supports the introduction of professional foster care in Queensland.

PeakCare applauds the Department for undertaking this review and look forward to supporting the Department in the finalisation of this important roadmap.

"We need a consistent and shared understanding of what the aim of the child protection system is? Is the aim to stand with families before things get tough, or is the aim to intervene only at the point of crisis?"

APPENDIX A

National Therapeutic Residential Care Alliance

PeakCare Queensland Inc.

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